ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 136/ 474

Registered No. _____

1. PLACE OF BIRTH

County _Gila_

State _____

District or Township _Central Heights_

or Village _____

City _Miami_

No. _Central Heights_ _____ St., _____ Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _John Wesley Whiteley_

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child _male_	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? _yes_	7. Date of birth _Nov 14 1927_
		5. No., in order of birth _____		Month Day Year

8. FATHER	14. MOTHER
Full name _Carrel Clark Whiteley_	Full maiden name _Pearl Watson_
9. Residence (Usual place of abode) _Miami, Arizona_	15. Residence (Usual place of abode) _Miami, Arizona_
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race _White_ 11. Age at last birthday _34_ (Years)	16. Color or race _White_ 17. Age at last birthday _32_ (Years)
12. Birthplace (city or place) (State or country) _Texas_	18. Birthplace (city or place) (State or country) _New Mexico_
13. Occupation _Iron worker_ Nature of industry _Copper Mining_	19. Occupation _Housewife_ Nature of industry

20. Number of children of this mother _2_ (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living _2_	21. Were precautions taken against ophthalmia neonatorum? _yes_
	(b) Born alive but now dead _0_	
	(c) Stillborn _0_	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _alive_ at _3:07_ a. m. on the date above stated
(Born alive or stillborn.)

Signature _J. W. Miller_

M.D.

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report _____
Month, day, year

_____
Registrar

Address _Miami, Arizona_

Filed _Nov 20_, 19_27_

_____ Registrar

148-1114-765